

**CERTIFICATE OF FACSIMILE TRANSMISSION
UNDER 37 CFR §1.8**

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ATTN: Mail Stop Amendment
Facsimile number: 571-273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on July 10, 2006 Total Pages including this sheet: 16

Rhonda Zaffino
Rhonda Zaffino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

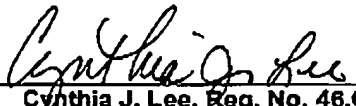
Roback et al.	Confirmation No.: 2039
Serial No.: 10/602,981	Group Art Unit: 1743
Filed: 06/24/2003	Examiner: Cross, Latoya I.
For: Immunological Assay System and Method	Docket No.: 50508-1031

The following is a list of documents enclosed:

**Amendment Transmittal Letter
Petition for One Month Extension of Time
Credit Card Form PTO-2038 in the amount of \$60.00
Response (with Amendments)**

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

JUL 10 2006

AMENDMENT TRANSMITTAL LETTER (SMALL)				Docket No. 50508-1031	
Applicant(s): Roback et al.					
Serial No. 10/602,981	Filing Date 06/24/2003	Examiner Cross, Latoya I.	Confirmation No. 2039	Group Art Unit 1743	
Invention: Immunological Assay System and Method					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450					
Transmitted herewith is a Response (with Amendments) in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	46 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	4 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$60.00	2 ND MONTH <input type="checkbox"/> \$225.00	3 RD MONTH <input type="checkbox"/> \$510.00	4 TH MONTH <input type="checkbox"/> \$795.00	\$60.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$60.00
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. In the amount of . A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$60.00. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 Cynthia J. Lee, Reg. No. 46,033			07/10/06 Date		